

HAWAII STATE ETHICS COMMISSION 1001 BISHOP STREET, ASB TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470 email: ethics@hawaiiethics.org

THIS SPA	CE FOR O	FFICE USE O	NLY
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STATE	TATE OF H	AMAD MHHSRED	

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

	(Type of Plant	. Cicarry)	
PART I LOBBYIST			
NAME (Last)	(First)	(Middle)	TELEPHONE
Pavlicek	Melissa	Teves	(808) 523-3695
MAILING ADDRESS (Street)	FAX		
841 Bishop Street, Suite 1628			(808) 523-3712
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96813	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
Hawaii Public Policy Advocates, LLC			(808) 523-3695
MAILING ADDRESS (Street)			FAX
841 Bishop Street, Suite 1628			(808) 523-3712
(City)	(State)		(Zip Code)
Honolulu	Hawaii		

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU L	TELEPHONE (916) 498-7750 FAX		
Western States Petroleum			
MAILING ADDRESS (Street)			
1415 L Street, 600			
(City)	(State)	(Zip Code)	
Sacramento	CA	95814	
NAME OF PERSON RESPONSIBLE FO	TELEPHONE		
Catherine Reheis Boyd		(916) 498-7750	
MAILING ADDRESS (Street)		FAX	
1415 L Street, 600			
(City)	(State)	(Zip Code)	
Sacramento	CA	95814	

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PART III DESCRIPTION	OF SUBJECTS UPON WH	ICH YOU EXPECT TO LOBBY	ſ	
Agriculture	☐ Education	☐ Human Services	Science, Technology & Economic Development	
Communications & Public Utilities	✓ Government Operation & Finance	 Intergovernmental Relations. International Affairs 	() Tourism & Recreation	
Consumer Protection & Commerco	(_) Hawalian Affairs	√) Labor & Employment	✓) Transportation	
Culture, Arts, Historic Preservation	(") Health	Planning, Land & Water Use Management	Other: (indicate below)	
Ecology, Energy Environmental Protection	☐ Housing	Public Safety & Corrections		
DAGT BY OFOTIFICATIO	ON OF LOBBYIST			
		e is, to the best of my knowled	ge correct and complete	
Wel-	Marcia	4	3-20-07	
	(Signature of Lobbyist)		(Date)	
PART V AUTHORIZATI	ON TO LOBBY			
NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED			
Catherine Reheis Boyd	Chief Operating Officer			
NAME OF ORGANIZATION (if applicable)			TELEPHONE	
Western States Petroleum Association			(916) 498-7750	
MAILING ADDRESS (Street)			FAX	
1415 L Street, 600				
(City)	(State)	(Zip Code)		
Sacramento	CA	•	95814	
I hereby authorize the	above - named person to er	ngage in lobbying activities on b	pehalf of the undersigned.	
(Signature of Au	uthorizing Officer or Person Repres	(hates)	(Date)	

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